

Vote-PAD Certification Test
EXIT SURVEY

Voter number: 201

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☐ No - *unsure*
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No

3. How confident are you that your vote was accurately recorded

Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

Touch pads easier to use. Regular ballot marking was o.k., but write-ins are much more difficult. Waiting to fill in write-ins at the end made it more confusing.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Retinitis Pigmentosa ~ 90% blind

8. What age group are you in?

_____ 18 - 25 yrs of age

_____ 25 - 35 yrs of age

☒ 35 - 45 yrs of age

_____ 45 - 55 yrs of age

_____ 55 - 65 yrs of age

_____ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes _____ No If so, which groups?

National Federation of the Blind - Tucson City Chapter

10. How did you hear of this test?

e-mail from president of NFB

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ✓Yes No
2. Do you feel the Vote-PAD would allowed you to vote independently? ✓Yes No
3. How confident are you that your vote was accurately recorded

<u>Very Confident</u>	Somewhat Confident	Neutral	Somewhat Concerned About Privacy	Very Concerned (Not at all confident)
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(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy messy Neutral Somewhat Difficult Very Difficult

- Time consuming specially if mistakes are made. Not good for someone who
5. Have you voted on other accessible voting equipment? Yes No Can't use hands
- If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use? *used automatic & liked it. Freedom of*

Used Autowork & liked it. Feeding at second
page was difficult.

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

use a clear liquid that does not mark hands but does ball.

Time consuming.

Write in - looked private but not sure

Blind people have concerns about privacy once it leaves their hands.

Keep voter involved when started a customs.

Hard for someone without use of hands

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Blindness since 1985 (21 years)

Hearing loss - for past five years

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☒ 45 - 55 yrs of age
- ☐ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

Cal Counsel at the blind.

10. How did you hear of this test?

through gov. affairs Director - Dan Kysar

Refused Phase 2 due to time -

Vote-PAD Certification Test
EXIT SURVEY

Voter number: 204

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☐ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☐ Yes ☐ No

3. How confident are you that your vote was accurately recorded

Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? ☐ Yes ☐ No
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

QUADRAPELGIA - 18 1/2 yrs

8. What age group are you in?

_____ 18 - 25 yrs of age

_____ 25 - 35 yrs of age

_____ 35 - 45 yrs of age

_____ 45 - 55 yrs of age

X 55 - 65 yrs of age

_____ over 65 yrs of age

9. Are you a member of any advocacy groups? ____Yes ____No If so, which groups?

CDR - CALIFORNIANS FOR DISABILITY RIGHTS

DISS - DISABLED IN STATE SERVICE

10. How did you hear of this test? AAPD - AMEX. ASSOC. PEOPLE W/ DISABILITIES

EMAIL

Vote-PAD Certification Test
EXIT SURVEY

Voter number: 206

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? X Yes No
2. Do you feel the Vote-PAD would allowed you to vote independently? Yes X No
3. How confident are you that your vote was accurately recorded
- Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD
- Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? X Yes No
- If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

- HARD w/ ~~GRAB~~ LIMITED ARM MOVEMENT.
- SLOWER w/ TAPE. LONG TIME TO VOTE.
- HAD TROUBLE w/ VIBRATING PEN. HARD TO MAKE IT WORK CORRECTLY. HARD TO HANDLE.
- PULLING OUT BALLOT WAS DIFFICULT.
- SOMETIMES SHE HAD TO POUND ON AUDIO CASSETTE PLAYER

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

- COMPLICATED INSTRUCTIONS FOR WRITE IN SHEETS.

WHEELCHAIR OR MOBILITY DEVICE SINCE 4 YEARS.
LIMITED ARM MOVEMENT, ? ARM AND HAND STRENGTH.

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☒ 45 - 55 yrs of age
- ☐ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

PROTECTION & ADVOCACY, INC.

CDR CALIFORNIANS DISABILITY RIGHTS.

DISABILITY RIGHTS EDUCATION DEFENSE FUND.

10. How did you hear of this test?

ON VAAC FOR SOS.

Vote-PAD Certification Test
EXIT SURVEY

Voter number: 207

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ✓Yes ___ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ✓Yes ___ No
But has concerns.
3. How confident are you that your vote was accurately recorded
- Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD
- Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? ✓Yes ___ No
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?
- Seems cumbersome physically. Tabs made it more difficult
Plastic cover makes it difficult to read & keep track of location.
Verification window is difficult to grip. Button should be higher.*

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Cerebral palsy - Life time

Quadrupedia - (same) Life time

8. What age group are you in?

☐ 18 - 25 yrs of age

☐ 25 - 35 yrs of age

☒ 35 - 45 yrs of age

☐ 45 - 55 yrs of age

☐ 55 - 65 yrs of age

☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

Protection and advocacy incorporated.

10. How did you hear of this test?

Through work.

EXIT SURVEY

Voter number: 208About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No

3. How confident are you that your vote was accurately recorded

Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No *-demos*
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

Have needs to be sound indexed, recorder needs raised indicators for start, stop, etc. Large print instructions should have numbers rather than dashes between races,

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Congenital macular degeneration

8. What age group are you in?

_____ 18 - 25 yrs of age

_____ 25 - 35 yrs of age

_____ 35 - 45 yrs of age

_____ 45 - 55 yrs of age

☒ 55 - 65 yrs of age

_____ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

League of Women Voters
CA Disability Rights

National Fed. for the Blind
Out of Sight Group

10. How did you hear of this test?

*e-mailed by someone named "Smith" who works
for Vote Pad*

EXIT SURVEY

Voter number: 209About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ✓ Yes No
Works for me. Privacy issue is not a concern for me.
2. Do you feel the Vote-PAD would allowed you to vote independently? ✓ Yes No

3. How confident are you that your vote was accurately recorded

Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
 (Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult
Issue at hands holds handle, Repetitive Motion & need smaller Area More Compact Design - the amount of space to cover.

5. Have you voted on other accessible voting equipment? ✓ Yes No

If "yes", Touch Screens Portable in lap. Not Confident. Instantly making false movements & wrong selections.

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

Vote pad makes significant accommodation without getting overly technical.

The Holes are adequate but almost impossible for many voters to avoid making marks on the cover sheet. Maintenance issue not privacy.

Task loading on pre and work

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Polio @ Age 3 in 1930.

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☐ 45 - 55 yrs of age
- ☐ 55 - 65 yrs of age
- ☒ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

*Californians for disability rights.
Subcommission of ADA Advisory to social services commission,
city of Davis.*

10. How did you hear of this test?

*Word of Mouth from:
Lucinda. Tukington.*

Vote-PAD Certification Test
EXIT SURVEY

Voter number: 210

About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? X Yes ___ No
2. Do you feel the Vote-PAD would allowed you to vote independently? X Yes ___ No
3. How confident are you that your vote was accurately recorded

Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
(Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? X Yes ___ No
If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

- THOUGHT TOUCH SCREEN WAS FASTER.
- IF WE WERE TO USE THIS, SHE FEELS PRACTICE SESSIONS WOULD BE A GOOD IDEA.
- WOULD HAVE LIKED TO TRY AUDIO TO SEE WHICH WAS FASTER.
- DID NOT LIKE WRITE-IN SHEETS AT ALL.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Totally BLIND since 2.

2. WOULD LIKE TO HAVE TONE INDEXING, SO IT WOULD BE EASIER TO SKIP TO NEXT CONTESTS.

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☒ 35 - 45 yrs of age
- ☐ 45 - 55 yrs of age
- ☐ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☐ Yes ☒ No *If so, which groups?*

10. How did you hear of this test?

THROUGH WORK, SOCIETY FOR THE BLIND.

EXIT SURVEYVoter number: 211About the voting experience

1. Do you feel the Vote-PAD would allowed you to vote privately? ☒ Yes ☐ No
2. Do you feel the Vote-PAD would allowed you to vote independently? ☒ Yes ☐ No

3. How confident are you that your vote was accurately recorded

Very Confident Somewhat Confident Neutral Somewhat Concerned Very Concerned
 (Not at all confident)

write in may have errors

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? ☒ Yes ☐ No
- If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier About the Same Somewhat More Difficult Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

not impossible, Better than punch.

Not difficult, Likes seen actual paper ballot.

Does not like that pen catches. Holes could be bigger.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Tendinitis Since 1989. Forced to retire 5 years ago

8. What age group are you in?

- ☐ 18 - 25 yrs of age
- ☐ 25 - 35 yrs of age
- ☐ 35 - 45 yrs of age
- ☒ 45 - 55 yrs of age
- ☐ 55 - 65 yrs of age
- ☐ over 65 yrs of age

9. Are you a member of any advocacy groups? ☒ Yes ☐ No If so, which groups?

~~Californians for~~
Californians for disability rights

10. How did you hear of this test?

Through her advocacy group. Received email.